Under the ARTHUR Reduction Act of 1995. no person	U.S. Fons are required to respond to a col Application Number Filing Date First Named Inventor Art Unit Examiner Name	Patent and Trademark lection of information 10/577,625 08/29/2005 VALA 2129	PTO/SB/21 (09-06) If for use through 03/31/2007. OMB 0651-0031 Office; U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number.	IFW 9
(to be used for all correspondence after initial filing)	Attorney Docket Number	HIRL, JOSEPH P.		
Total Number of Pages in This Submission		M20-04051		
	<u> </u>	that apply)	After Allowance Communication to TC	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Larks REFERENCES INCLUDED	Address	Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): ETURN RECEIPT POSTCARD	
<u>, </u>	OF APPLICANT, ATTO	RNEY, OR AGI	ENT	
Signature OPTICUS IP LAW PLLC	zh.			
Printed name JOSEPH E. GORTYCH	•	Dan Mr. I	·	
Date MAY 19, 2008		Reg. No. 41,791		
I hereby certify that this correspondence is being fac sufficient postage as first class mail in an envelope a the date shown below:	ICATE OF TRANSMISS simile transmitted to the USPT addressed to: Commissioner for	O or deposited with	the United States Postal Service with 1450, Alexandria, VA 22313-1450 on	
Signature Signature JOSEPH E. GORTYCH	4 petal		Date MAY 19, 2008	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	995 no p	persons are required to re	spond to a collection of info	rmation unless it displays a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
		Application Number	10/577,625 08/29/05		
FEE TRANSMITTAL					Filing Date
For FY 2008		First Named Inventor	VALA		
		Examiner Name	HIRL, JOSEPH P.		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2129	
TOTAL AMOUNT OF PAYMENT	(\$)	\$180-	Attorney Docket No.	M20-04US1	
METHOD OF PAYMENT (chec	k all tha	t apply)			

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METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
✓ Deposit Account □	eposit Accour	nt Number: <u>50299</u>	2	Deposit A	ccount Name:_	MAGIQ TEC	CHNOLOGIES, INC.
For the above-identi	fied deposit	account, the Direc	tor is hereb	y authorized to	: (check all th	at apply)	
✓ Charge fee(s)) indicated b	elow		Charg	ge fee(s) indic	ated below, ex	cept for the filing fee
under 37 CFF	R 1.16 and 1		•	· LT Clear	t any overpay		
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FEE CALCULATION	0117 10-2000					· · · · · · · · · · · · · · · · · · ·	
1. BASIC FILING, SEAF	CH AND	EYAMINATION	EEES				
1. BASIC FILING, SEAF	FILING		SEARC	H FEES Small Entity		TION FEES	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	<u> </u>
Provisional	210	105	0	0	0	0	
2. EXCESS CLAIM FEI	ES					Fac (\$)	Small Entity
Fee Description	inaludina D	(cicanoa)				<u>Fee (\$)</u> -50	Fee (\$) 25
Each claim over 20 (Each independent cla						210	105
Multiple dependent of		including iceiss	ucsj			370	185
Total Claims	Extra Claii	ms Fee (\$)	Fee P	aid (\$)		2.0	ependent Claims
- 20 or HP =	Extra Olan	X 100 (4))		Fee (\$)	Fee Paid (\$)
HP = highest number of tota	daims paid fo						
Indep. Claims	Extra Clair	ms Fee (\$)	Fee P	<u>aid (\$)</u>			
- 3 or HP = x =0							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
- 100 =	EXIIA SIIE	/ 50 =		round up to a			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filin	g surcharge	e): IDS FEE 37 (FR 1.17(P	OF \$180			\$180

SUBMITTED BY			
Signature	OSEAN E SPORAL	Registration No. (Attorney/Agent) 41,791	Telephone 941.378.2744
Name (Print/Type) JOSEPH E. GORTYCH		Date MAY 19, 2008

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	N.		respond to a collection of infol			WID COMBOT HUMBER	
FEE TRANSMITTAL For FY 2008		Complete if Known					
		Application Number 10/577,6		25			
		Filing Date	08/29/05				
		First Named Inventor	VALA				
Applicant claims small e	entity etatue	See 37 CFR 1 27	Examiner Name	HIRL, JO	SEPH P.		
			Art Unit	2129	2129		
TOTAL AMOUNT OF PAYM	ENT (\$)	\$180	Attorney Docket No.	M20-04U	4US1		
METHOD OF PAYMENT	(check all the	nat apply)	· — — — — — — — — — — — — — — — — — — —	···	.		
Check Credit C	ard Mo	oney Order No	one Other (please ic	lentify):			
Deposit Account De	posit Account N	lumber: <u>502992</u>	Deposit Account N	lame: MAG	IQ TECHNOL	OGIES, INC.	
For the above-identific	ed deposit ac	count, the Director is h	ereby authorized to: (chec	k all that app	oly)		
✓ Charge fee(s) i	ndicated belo	ow .	Charge fee(s) indicated t	oelow, except for	the filing fee	
) or underpayments of	fee(s) Credit any or	verpayments	3		
under 37 CFR WARNING: Information on this	1.16 and 1.17	7 ome public. Credit card i				edit card	
information and authorization of	n PTO-2038.						
FEE CALCULATION	_						
1. BASIC FILING, SEAR	CH, AND E	XAMINATION FEES	ı				
	FILING FE	EES SEA nall Entity	RCH FEES EXA Small Entity	MINATION. Small			
Application Type		Fee (\$) Fee		e (\$) Fee	E & a	es Paid (\$)	
Utility	310	155 510	255 21	10	5	-	
Design	210	105 100	50 13	30 6	5	-	
Plant	210	105 310	155 16	50 8	0	_ -	
Reissue	310	155 510	255 62	20 31	0	<u> </u>	
Provisional	210	105	0	0	0		
2. EXCESS CLAIM FEE				-	Small E		
Fee Description	and the second	:		E	<u>see (\$) </u>		
Each claim over 20 (ir Each independent clai					210 10:		
Multiple dependent cla		iciuding Reissues)			370 18:		
	Extra Claims	s Fee (\$) F	ee Pai <u>d (\$)</u>	<u>M</u>	ultiple Dependen	t Claims	
20 or HP =		_ x= _	0	<u>.</u>	Fee (\$) Fee	Paid (\$)	
HP = highest number of total			an Deld (\$)	_			
	Extra Claims		ee Paid (\$) 0				
- 3 or HP = x = 0 HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x 0 =							
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): IDS FEE 37 CFR 1.17(P) OF \$180							
SUBMITTED BY							
Signature	105910	ano_	Registration No. (Attorney/Agent) 41,791		Telephone 941.3	78.2744	
Name (Print/Type) JOSEPH E	GORTYCH	75	(Automoj/Agent/		Date MAY 19, 20	008	

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